

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>59760</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52	1					
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56	1					
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60	1					
11		1					61		1				
12	1						62		1				
13		1					63		2	1			
14		1					64		2	1			
15		1					65		1				
16		1					66	1					
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73	1					
24		1					74		1				
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		17	1				79						
30		17	1				80						
31		17	1				81						
32	1						82						
33		1					83						
34		1					84						
35	1						85						
36		22	1				86						
37		22					87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45	1						95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	114						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						